

ARIZONA DEPARTMENT OF HEALTH SERVICES

DD GROUP HOME VEHICLE CHECKLIST

TO BE COMPLETED BY AGENCY

AGENCY:		
SETTING:		
ADDRESS:	LICENSE NUMBER:	DATE:
DHS Vehicle Checklist		
<p>As an authorized representative of the service provider, I certify that the vehicle assigned to the above listed setting is in compliance with A.A.C. R9-33-206(A) and (B) Vehicle Safety, as follows:</p> <p>A. A licensee shall ensure that a vehicle used to transport a resident:</p> <ul style="list-style-type: none"><input type="checkbox"/> Is maintained in safe and working order;<input type="checkbox"/> Has a record of each maintenance or repair that is available for review at the facility for at least two years from the date of the repair; and <p>Is equipped with:</p> <ul style="list-style-type: none"><input type="checkbox"/> a working heating and air conditioning system;<input type="checkbox"/> a first aid kit that meets the requirements in R9-33-207(A)(8);<input type="checkbox"/> working seat belts for the driver and each passenger; and<input type="checkbox"/> floor mounted seatbelts and wheelchair lock-down devices for each wheelchair passenger transported, if the vehicle is used to transport a passenger in a wheelchair. <p>B. A licensee shall ensure that documentation of the requirements in subsection A (above) is:</p> <ul style="list-style-type: none"><input type="checkbox"/> completed at least once every six months on a vehicle used to transport a resident and<input type="checkbox"/> the documentation is available for review at the facility for at least two years from the date of the vehicle inspection.		
Signature		Date
Print Name		Position or Title

COMPETED FORM MUST BE RETURNED TO DHS PRIOR TO LICENSE BEING ISSUED

Arizona Department of Health Services - Division of Licensing Services
Office of Special Licensing
150 N. 18th Avenue, Suite 460
Phoenix, Arizona 85007